

204-323

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120  
+20  
140

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1							51		/			
2							52		/			
3							53		/			
4							54		/			
5							55		/			
6							56		/			
7							57		/			
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12							62		/			
13							63		/			
14							64	/				
15		6					65		/			
16							66		/			
17							67		/			
18							68		/			
19							69		/			
20							70		/			
21							71		/			
22							72		/			
23							73		/			
24							74		/			
25							75		6			
26							76		/			
27							77		/			
28							78		/			
29							79		/			
30							80		/			
31							81		/			
32							82		/			
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35							85		/			
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37							87		/			
38							88		/			
39							89		/			
40							90		/			
41							91		/			
42							92		/			
43							93		/			
44							94	/				
45		6					95		/			
46							96		/			
47							97		/			
48							98		/			
49							99		/			
50							100		/			
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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46						
47						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	138					
TOTAL CLAIMS	140					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						